



Act: In accordance with Act No. 266, and 267, P.A. 2001, as amended.

Grade A Facility License Application

License Year Ending: _____ Status: ☐ New ☐ Renewal ☐ Temporary ☐ No
If Renewal, Unique ID or License No. of Establishment _____ Longer
Needed

Business/Individual Information

Business or Individual Name: _____
Business or Individual Address: _____
City: _____ State: _____
County: _____ Zip: _____
Business Phone: (____) _____ Business Fax: (____) _____
Bus. Email: _____
Mailing address if different from above: Street or P.O. Box: _____

Blank Space
For Official Use Only

City: _____ State: _____ County: _____ Zip: _____

Corporate/Owner Information

Ownership Type: ☐ Sole Ownership ☐ Joint Tenant ☐ Partnership ☐ L.L.C. ☐ Corporation
Corporation: _____
Owner/President (CEO) Name: _____
Street Address of Corporation or Owner: _____
City: _____ State: _____ County: _____ Zip: _____
Business Phone: (____) _____ Business Fax: (____) _____ Business Email: _____
Emergency Contact: (____) _____ Cell Phone: (____) _____

Federal/Tax ID No.

License Fees

AOBJ: 0272

Grade A Facility (Choose one only)

\$50.00 Fee

- | | |
|---|--|
| <input type="checkbox"/> Transfer Station (No Milk Storage) | <input type="checkbox"/> Single Service Product Manufacturer |
| <input type="checkbox"/> Receiving Station (Has Milk Storage) | Products Produced _____ |
| <input type="checkbox"/> Tank Truck Cleaning Facility
(With no transfer or receiving facilities) | _____ |
| <input type="checkbox"/> Milk Distributor
(Facilities used primarily for Grade A products) | _____ |

Payment Method: Check/Money Order No. _____ Total enclosed: _____

Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.

Signature: _____ Date: _____

Please print your name here: _____

Title: _____